

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number _____

AND

ATLAS Number _____

Name of Respondent (in original case)

ORDER MODIFYING PARENTING TIME (Visitation) or PARENTING TIME AND CHILD SUPPORT

THE COURT FINDS:

1. This case has come before this court on a ***"Petition to Modify Parenting Time or Parenting Time and Child Support."*** The court has taken all testimony needed to enter a final Order.
2. This court has jurisdiction to change parenting time and/or support, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to parenting time and/or support.

3. This Order applies to the following children:
NAME(S)

DATES OF BIRTH /AGE
(Month/Day/Year)

| | |
|--|--|
| | |
| | |
| | |

4. **GROUND FOR CHANGING PARENTING TIME OR PARENTING TIME AND SUPPORT.** (Check one box and describe why the change is in the best interest of the child(ren).)

- ☐ There have been substantial, significant and continuing changes in circumstances that make a change in parenting time and/or child support in the best interest of the child(ren) for the reasons described below: **OR**
- ☐ One parent has not followed the Order and a change in parenting time and/or child support is in the best interest of the child(ren) for the reasons described below. **OR**
- ☐ There has been domestic violence, spousal abuse, or child abuse as described below since the date of the earlier Order, and it is in the best interest of the child(ren) that the change is made for the reasons described below: (Include a description of the domestic violence.) **OR**
- ☐ It is in the best interest of the child(ren) that **no change** to parenting time and/or support is made at this time for the reasons described below.

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REASONS: (Describe why a change in parenting time and/or support **is** or **is not** in the best interest of the child(ren).) _____

5. SUPERVISED OR NO PARENTING TIME (or "visitation", if to non-parent): (if applicable)

Supervised parenting time between the child(ren) and ☐ Mother or ☐ Father or ☐ Other, or no parenting time by ☐ Mother or ☐ Father or ☐ Other is in the best interests of the child(ren) for the following reasons: _____

THE COURT ORDERS:

The Order regarding parenting time and/or support dated _____ is changed as follows:

A. PARENTING TIME:

1. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines. **(OR)**
2. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Parenting Plan attached. **(OR)**
3. ☐ **Supervised parenting time** but only in the presence of another person, who is named below or otherwise approved by the Court: _____

The cost of supervised parenting time shall be paid by:

☐ Mother or ☐ Father or ☐ Other ☐ shared equally by the parties, or as follows: _____

(OR)

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4. ☐ **No parenting time** rights to ☐ Mother or ☐ Father or ☐ Other _____

5. ☐ **Other parenting time** (or "visitation", if to non-parent): (explain) _____

B. CHILD SUPPORT.

☐ Child Support is unchanged, or

☐ Mother shall pay child support to ☐ Father or to ☐ Other in the amount of \$ _____.

☐ Father shall pay child support to ☐ Mother or to ☐ Other in the amount of \$ _____.

per month, payable on the first day of each month, beginning the first day of month following the signing of this Order. All child support payments shall be made through the Support Payment Clearinghouse by the attached Order of Assignment, and shall include an additional statutory fee for processing.

Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference, and the Arizona Child Support Guidelines, OR

☐ **CHILD SUPPORT DEVIATION.** The court, having considered the best interests of the child(ren), deviates from the Guidelines for the following reasons. (Describe reasons.) _____

C. MEDICAL, DENTAL, VISION CARE.

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Other Party** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Child Support Worksheet attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Mother is ordered to pay _____ %, AND Father is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

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D. FEDERAL INCOME TAX DEDUCTION.

| Child's Name | Date of Birth (Month, Day, Year) | Parent Entitled to Deduction | For Calendar Year |
|--------------|-------------------------------------|---|----------------------|
| | | <input type="checkbox"/> Mother <input type="checkbox"/> Father | |
| | | <input type="checkbox"/> Mother <input type="checkbox"/> Father | |
| | | <input type="checkbox"/> Mother <input type="checkbox"/> Father | |
| | | <input type="checkbox"/> Mother <input type="checkbox"/> Father | |

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

E. MEDIATION. The parties are required pursue court sponsored or private mediation or some form of **ADR** (Alternative Dispute Resolution) prior to filing for any future modification of custody or parenting time, or if regarding non-parent, "visitation".

F. OTHER ORDERS. This court makes further Orders relating to this matter as follows:

DONE IN OPEN COURT: _____.

JUDGE OR COURT COMMISSIONER